PTO/SB/17 (12-04v2)

60.

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|---|--|--|--------------------------------|--|--|
| Effective on 12/08/2004   | Complete if Known                                |  |                                |  |  |
| Feasily suant to the Consolidated Appropriations Act. 2005 (H.R. 4818).   | Application Number                               | 10/000,111   |                                |  |  |
| FEE TRANSMITTAL   | Filing Date                                      | October 31, 2001   |                                |  |  |
| For FY 2005   | First Named Inventor                             |  |                                |  |  |
|   | Examiner Name                                    |  |                                |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   | Art Unit 2655                                    |  |                                |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 60.  | Attorney Docket No.                              |  |                                |  |  |
| METHOD OF PAYMENT (check all that apply)  |  |  |                                |  |  |
| Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-2638 Deposit Account Name: Greenberg Traurig, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card |  |  |                                |  |  |
| information and authorization on PTO-2038.  FEE CALCULATION   |  |  |                                |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES Small Entity  Application Type Fee (\$) Fee (\$) Fee (\$)  Utility 300 150 500  Design 200 100 100 Plant 200 100 300 Reissue 300 150 500   | Small Entity                                     | 60 65 -<br>60 80 -   | Fees Paid (\$)                 |  |  |
| Provisional 200 100 0   | 250  | 0 0  |                                |  |  |
| - 20 or HP = x = HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   | ee due is \$250 (\$125 for and 37 CFR 1.16(s).   | Fee (\$) F 50 200 360 Multiple Depen Fee (\$)  onically filed sequence or small entity) for each | or computer                    |  |  |
| Total Sheets Extra Sheets Number of ear / 50 = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity)  | ch additional 50 or tract (round up to a whole r | ion thereof Fee (\$) number) x   | Fees Paid (\$)  Fees Paid (\$) |  |  |

| SUBMITTED BY     | 1/1          |       |   |                          |
|------------------|--------------|-------|---|--------------------------|
| Signature        | Hather       | Ilder | Registration No.<br>(Attorney/Agent) 55,150 | Telephone (650) 328-8500 |
| Name (Print/Type | Nathan Elder |       |   | Date December 5, 2005    |

Other (e.g., late filing surcharge): (2251) One month extension \$60.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/22 (12-04)

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|--|---|--|--|--|--|
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   |  |  |  |  |
| Application Number 10/000,111  | Filed October 31, 20                                  | 001  |  |  |  |
| For Juergen Roeck  |   |  |  |  |  |
| Art Unit 2655  | t Unit 2655 Examiner Brian L. Albertalli              |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |   |  |  |  |  |
| The requested extension and fee are as follows (check time period desir  |   |  |  |  |  |
| ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  | ee Small Entity Fe<br>20 \$60                         | e<br>\$ <u>60.</u>                                 |  |  |  |
|  | 150 \$225   | \$   |  |  |  |
|  | 020 \$510   | \$   |  |  |  |
| Four months (37 CFR 1.17(a)(4)) \$1  | 590 \$795   | <u>\$</u>  |  |  |  |
| Five months (37 CFR 1.17(a)(5)) \$2  | 160 \$1080  | \$   |  |  |  |
| ☐ Applicant claims small entity status. See 37 CFR 1.27.   |   |  |  |  |  |
| ☐ A check in the amount of the fee is enclosed.  |   |  |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.   |   | •  |  |  |  |
| ☐ Director has already been authorized to charge fees in this application to a Deposit Account.  |   |  |  |  |  |
| ☑ Director is hereby authorized to charge any fees which ma<br>Deposit Account Number 50-2638 . I had  | ive enclosed a duplicate                              | copy of this sheet.                                |  |  |  |
| WARNING: Information on this form may become public. Credit card info card information and authorization on PTO-2038.  | rmation should not be included                        | on this form. Provide credit                       |  |  |  |
| I am the  applicant/inventor.  |   |  |  |  |  |
| assignee of record for the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB96)  |   |  |  |  |  |
| attorney or agent of record. Registration Number   |   |  |  |  |  |
| attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 55,150   |   |  |  |  |  |
| Nathan Elda  | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ |  |  |  |  |
| Signature  |   | Date   |  |  |  |
| Nathan Elder   | (   | (650) 328-8500                                     |  |  |  |
| Typed or printed name Telephone Number   |   |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their   | representative(s) signature are re                    | phone Number 1100000000000000000000000000000000000 |  |  |  |

forms if more than one signature is required, see below.

Total of  $\underline{1}$  forms are submitted.

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